

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number

10/771,803

Filing Date

02/04/2004

First Named Inventor

Lutz FREITAG

Art Unit

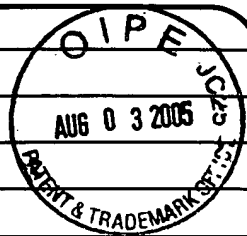
3742

Examiner Name

Unassigned

Attorney Docket Number

023189.0101PTUS

**ENCLOSURES (check all that apply)**☐ Fee Transmittal Form☐ Fee Attached☐ Amendment / Reply☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Reply to Missing Parts/
Incomplete Application☐ Reply to Missing Parts
under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☒ Power of Attorney, Revocation
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication to TC☐ Appeal Communication to Board
of Appeals and Interferences☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☐ Other Enclosure(s)
(please identify below):**Remarks****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm

Patton Boggs, LLP

Signature

Printed Name

Michele V. Frank

Date

August 1, 2005

Reg.
No.

37,028

CERTIFICATE OF TRANSMISSION/MAILING

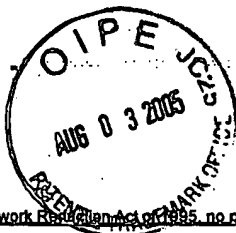
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PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0851-0035

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/771,803
Filing Date	02/04/2004
First Named Inventor	Lutz FREITAG
Title	Trachael catheter and prosthesis and
Art Unit	3743
Examiner Name	Not yet assigned
Attorney Docket Number	023189.0101PTUS

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

32042

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			Date	04/20/2005
Name	Lutz Freitag	Telephone		
Title and Company	Inventor			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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